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CONFIRMATION NO. 3583

SERIAL NUMBER 10/786,176	FILING OR 371(c) DATE 02/26/2004 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PF526C1N
APPLICANTS Steven M. Ruben, Brookeville, MD; Kevin P. Baker, Darnestown, MD;				
** CONTINUING DATA ***** This application is a CON of 09/848,271 05/04/2001 ABN which claims benefit of 60/201,852 05/04/2000 and claims benefit of 60/236,038 09/28/2000 and claims benefit of 60/254,931 12/13/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/27/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MD	SHEETS DRAWING	TOTAL CLAIMS 29
INDEPENDENT CLAIMS 7				
ADDRESS 22195				
TITLE TREATMENT OF SJOGREN'S SYNDROME BY ADMINISTRATION OF TR18 POLYPEPTIDES				
FILING FEE RECEIVED 1276	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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12/12/07